



Keep on moving

Candesic's **Dr Joe Taylor** and **Kate Hall** consider the role physiotherapy can play in addressing the amassing challenges of health and social care faced by an ageing UK

Physiotherapy is a core element of modern medical care, and its importance has never been greater as frail elderly patients put increasing pressure on our health and social care systems. Physiotherapists' capacity to transform care delivery is undervalued; investment in services has not matched the cost savings that good physical rehabilitation can achieve.

Young patients with sporting and workplace injuries often feel fobbed off with physiotherapy when referred by their GP. But for the elderly, especially those recovering from serious injury and disease, early specialist physiotherapy transforms lives and healthcare outcomes.

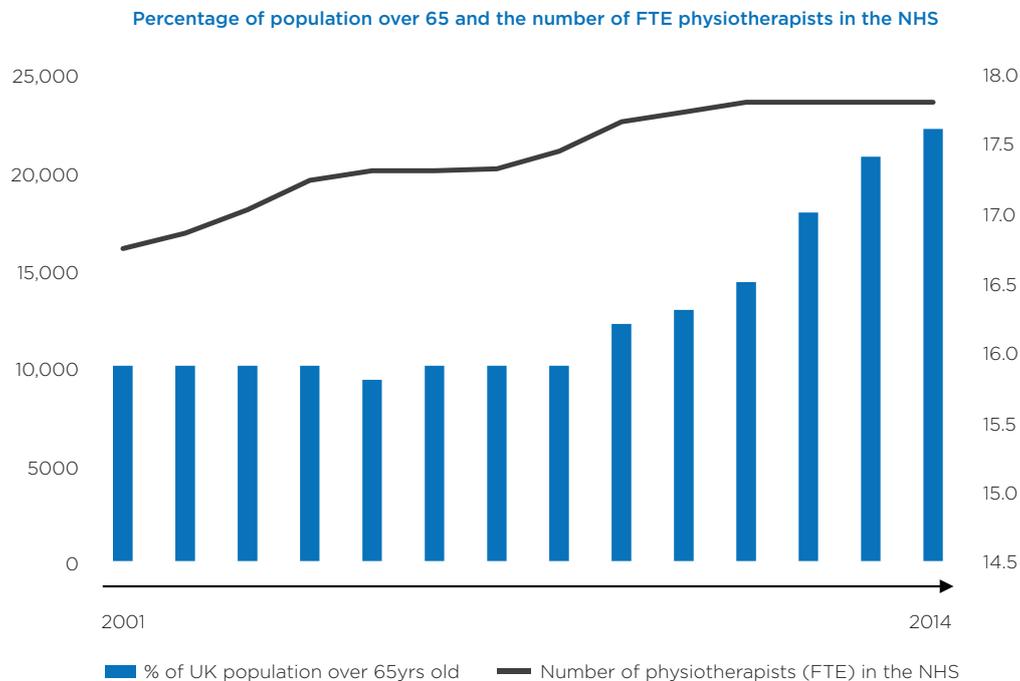
Physiotherapy can both reduce the length of hospital stay and support patients returning to maximal independence.





FIGURE 1

Comparison of the number of FTE physiotherapists in the NHS and the percentage of the population of over 65 year olds between 2003 and 2014 (projected numbers from 2009)



A service out-of-step with demand growth

Physiotherapists are more specialised and capable than ever before, but could still be used to much greater effect.

It was in 1977 that physiotherapists achieved autonomy status – able to take direct patient referrals – and in 2013 that they gained independent prescribing rights. Today, however, only a third of patients exercise their ability to access physiotherapy services directly with most still being referred by a doctor.

Investment in physiotherapy in-patient services has lagged behind growing demand for older people's care (*figure 1*). Whilst our population has aged, and demand for physiotherapeutic services grown, the number of physiotherapists has plateaued over recent years.

The evidence base is clear – specialist musculoskeletal (MSK) physiotherapy can be the first point of contact for many MSK injuries seen in A&E departments, preventing unnecessary hospital admissions, decreasing waiting times and length of stay (LoS) without adverse effect and cutting costs by as much as 60%.

20% of people arriving at our A&E departments have an MSK problem, and they are the most common reason for repeat consultations. 227,000

people every year have back related problems, 215,000 year suffer with upper limb and neck problems and 96,000 experience lower limb MSK issues.

The issue is not only limited to demand though – our healthcare professionals are subject to physiotherapy-addressable ill health. One half of sickness absence in NHS is caused by MSK conditions. Fast-track referral for staff can help prevent absence, increase return to work and has a huge resultant potential to save money for providers.

Physiotherapy services are increasingly specialised

Physiotherapists have integral roles across specialist hospital services. Many of the most specialist tertiary hospital services have dedicated physiotherapist teams equipped to understand and deal with their unique patient groups.

Pre-op physiotherapy can help to reduce the time patients spend in hospital. A prime example is pre-operative respiratory physiotherapy, which has been shown to increase the rate of return to previous respiratory parameters following surgical intervention, both improving patient outcomes and reducing length of stay.

In ICU settings, respiratory physiotherapy and

early rehabilitation can help to reduce overall length of stay, time on expensive and dangerous mechanical ventilation, as well as pulmonary infection rates and mortality.

Early supported discharge (ESD) teams have physiotherapists in integral roles, which help to accelerate the transition from inpatient care, decreases hospital acquired complications, reduces long term dependency and admission to institutional care as well as releasing hospital beds. In the area of stroke this is supported by robust evidence that it both improves outcomes and patient experience.

New technologies are transforming physiotherapy

Physiotherapy is not a static art, but at the forefront of technological innovation. Physiotherapists are increasingly able to work remotely, and patients are making greater use of mobile apps and other medtech solutions to fulfil their long-term care and rehabilitation plans.

As in so many areas of healthcare, mobile apps are having a powerful influence over physiotherapy practice.

Squeezy, for example, is an app that supports the personalised pelvic floor muscle exercise programme advised by an individual's ►



► physiotherapist – you can set alarms and reminders, together with audio/visual prompts to help you comply with the exercises regimen recommended.

Cardiff & Vale University Health Board developed TRAK. It's a web-based app providing patients with information about the nature of their condition and an interactive tool to help them assess their recovery progress over the course of rehabilitation. A self-care plan provides information on rehabilitation exercises and patients are able to keep a diary of exercise activities.

Far from reducing the demand on physiotherapists, these applications make the role of physiotherapists more important in training and monitoring patients to be empowered in management of their own health.

It's not only software that is changing the face of physiotherapy. 3D printing technologies hold the promise of revolutionising fields from prosthetic limbs through to the orthotics that help you and I out with tennis elbow.

Getting patients moving again is at the forefront of medical advancement.

Emerging models of payment could make hospital physiotherapy services attractive to the private sector

Proven positive outcomes from physiotherapy intervention have not been capitalised on by NHS providers. The private sector will be an important vehicle for delivering this essential element of care, and risk sharing agreements whereby physiotherapists support that transition from medical to social care are an exciting new model of service delivery.

Accountable care organizations (ACOs) could put physiotherapy providers at the heart of their approach to rehabilitation and cost management. This is a natural point of integration and supported by a strong evidence base in clinical and financial domains (figure 2).

Falls prevention programmes have proven to be effective. As many as one half of people who have a fall will fall again, and it is predicted that as many as 200,000 falls could be prevented, saving the NHS £275 million, if every older person at risk of falls was referred into such a service. A population of 320,000 is likely to see

1,250 fragility fractures a year with 360 of those hip fractures. Each hip fracture avoided would save more than £10,000. Independent providers could benefit from the costs saved to the NHS if it delivered similar effective services to within the statutory provider environments.

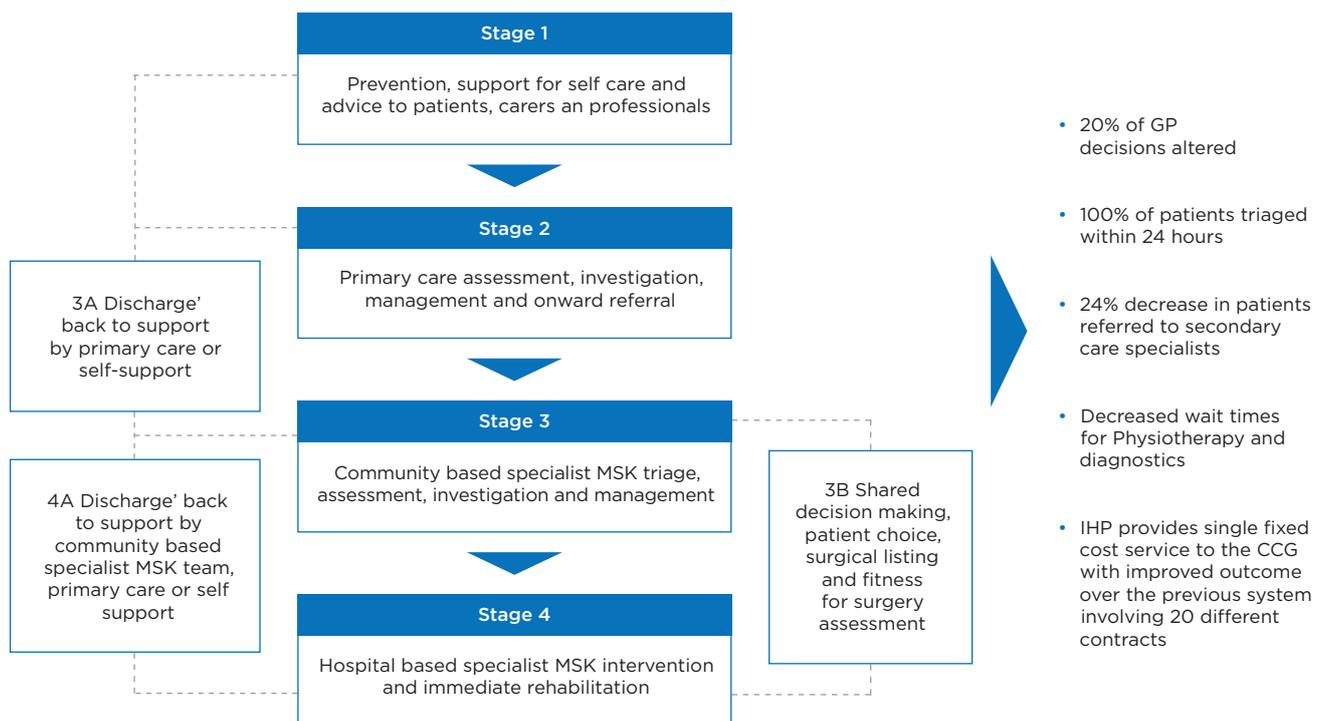
An alternative approach to failures of discharge

Frail elderly patients who find themselves in hospital may have much more positive experience than we expect. Issues which are limiting their ability to live independently can be addressed alongside the direct cause of their admission. This is an opportunity too frequently missed, but with the potential to make huge system-wide savings.

Delayed discharge is more than wasted time; it's an opportunity to de-risk discharge by putting to work the resource already being deployed. Patients who leave hospital later than planned with nothing more than a greater familiarity with daytime TV have been let down by the system twice over. Disappointingly, patients who spend more time in hospital than clinically required have higher rates of return than do others – the

FIGURE 2

Circle Health's integrated healthcare provider (IHP) model and outcomes for Bedfordshire CCG

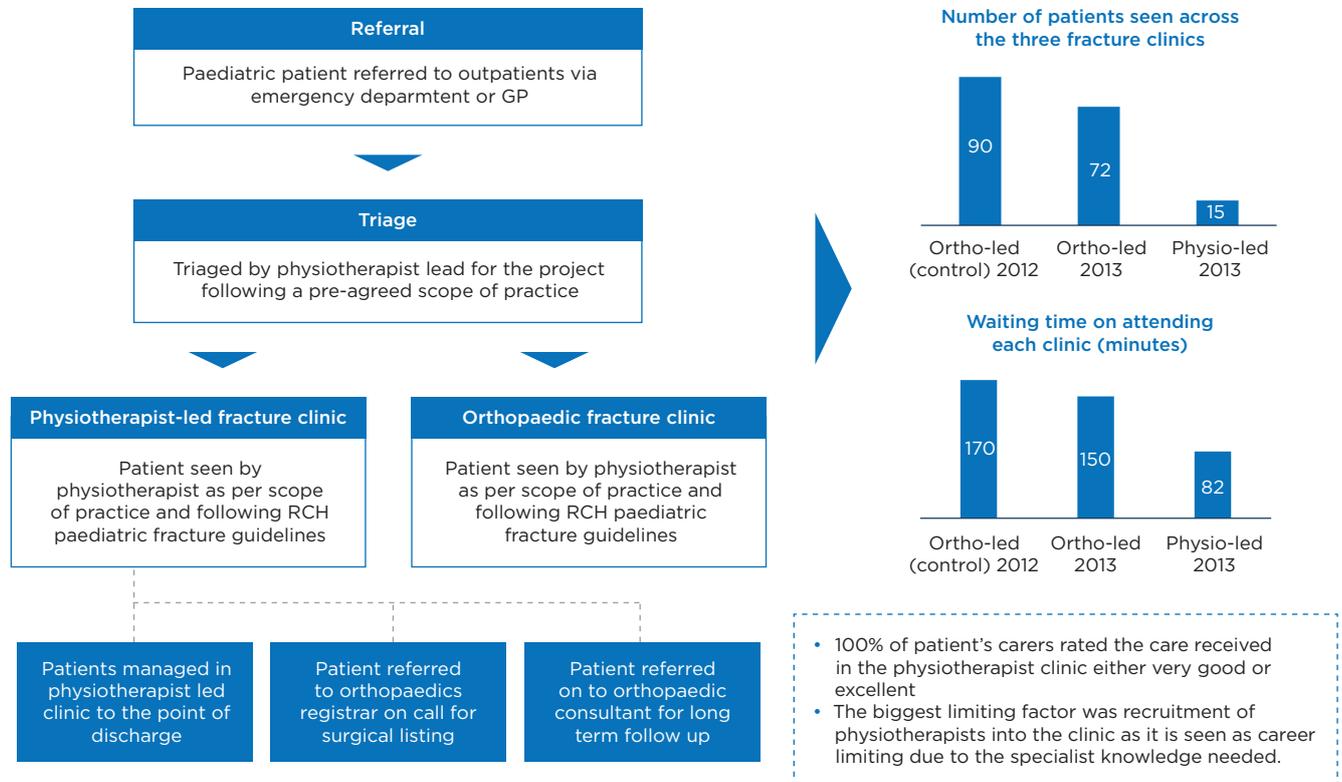


Sources: Bedfordshire CCG; Health Service Journal; Candesic analysis



FIGURE 3

Barwon Health's trial of an integrated physiotherapy led clinic into Paediatric fracture clinic, 2013



Sources: Sources: Barwon Health, Victoria, Australia; Candesic analysis

very opposite of what should be the case.

Community services do not have the multidisciplinary resource of hospitals, where medics, surgeons, nurses, social workers, dieticians, occupational therapists and physiotherapists work alongside each other to understand factors limiting patients' health and wellbeing. Each interaction with hospital services must be recognised as an opportunity for proactive health management and improvement.

Physiotherapy services can be central components within emerging models of care. Historically, funding streams have been defined around the place of care and not the capabilities and contribution of the specific service. This doesn't make sense.

New services that span hospital, community and social care settings – with shared staff and knowledge – could support the transition to the

person-centred care that is widely recognised to reduce overall cost and improve outcomes (figure 2).

Physiotherapists as care pathway managers

Physiotherapists are well positioned to manage patient pathways – not just in super specialist areas but also in general medicine and surgery (figure 3).

The profession's ethos of an 'enabling' approach to restoring physical independence, supports patients to manage their own conditions and minimises the need for higher acuity settings and expensive adaptations and equipment. Patients and families welcome the approach as it helps to empower them, increasing their confidence and life quality. This also helps to reduce secondary complications, including social

isolation and mental health issues.

The growth in the number of physiotherapist-led services has resulted in a growing number of highly experienced managerial clinicians, who are some of the highest qualified healthcare professionals combined with a holistic view of patient needs.

Conclusions

Delayed transfers of care (DToc) are a significant problem for the NHS, and can be better addressed through greater funding, improved training and more integrated hospital physiotherapy. However, getting people into the best setting after discharge, to maximize independence and quality of life, is even more important.

Physiotherapy services can be developed to deliver cost-saving and life changing innovation in the UK. ■

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